

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation American Action Network		3. FEC Identification Number C C90011230
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1747 Pennsylvania Avenue, NW 5th Floor		
(c) City, State and ZIP Code Washington DC 20006		
2. Occupation and Name of Employer (for Individual Filers Only)		

4. TYPE OF REPORT (check appropriate boxes):

- (a) April 15 Quarterly Report
 July 15 Quarterly Report 24-Hour Report
 October 15 Quarterly Report 48-Hour Report
 January 31 Year-End Report

b) Is this Report an amendment? No Yes, it amends the report filed on

M M M	/	D D D	/	Y Y Y Y Y Y
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5. COVERING PERIOD:

FROM

M M M	/	D D D	/	Y Y Y Y Y Y
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THROUGH

M M M	/	D D D	/	Y Y Y Y Y Y
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6. TOTAL CONTRIBUTIONS.....	0.00
7. TOTAL INDEPENDENT EXPENDITURES	667119.05

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
Caleb Crosby	Caleb Crosby <i>[Electronically Filed]</i>	10/22/2014

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
American Action Network

Full Name (Last, First, Middle Initial) of Payee American Media & Advocacy Group		Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 815 Slaters Lane		Amount 492860.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : 001
Purpose of Expenditure TV/media placement	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MN District: 08
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Nolan		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 677110.89		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee American Media & Advocacy Group		Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 815 Slaters Lane		Amount 121440.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : 002
Purpose of Expenditure TV/media placement	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MN District: 08
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Nolan		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 677110.89		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee dmm Media		Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 1911 N. Ft. Myer Drive Suite 400		Amount 19039.05	
City Arlington	State VA	Zip Code 22209	Transaction ID : 003
Purpose of Expenditure TV/media production	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MN District: 08
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Nolan		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 677110.89		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	633339.05
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
American Action Network

Full Name (Last, First, Middle Initial) of Payee Revolution		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 1020 Princess Street		Amount 33780.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : 004
Purpose of Expenditure Digital advertising	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MN District: 08
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Nolan		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 677110.89		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	33780.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	667119.05